FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000101229**1. Corporation Name

TRADERIGHT, CORP.

Principal Place of Business

Mailing Address

123 NORTHWEST 13TH STREET #221 BOCA RATON FL 33432-1619 123 NORTHWEST 13TH STREET #221 BOCA RATON FL 33432-1619 US

FILED Apr 23, 1999 8:00 am Secretary of State

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BOCA RATON I	·L 33432-1619	US		DO NOT WRITE IN THIS SPACE	
00				3. Date Incorporated or Qualifed	
				12/01/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2300	N. FEDERAL HWY		ERAL HU	<u> 65-0806165</u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	3 4	City & State		6. Election Campaign Financing	\$5.00 May Be
23 BOC	//	28 BOCA RATO	ル トレ	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	
24 334	31 25 USA	29 33431 30	J U84_	t orcentar reporty ram	☐ Yes .₽No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name					
GARDYN, PAUL W				ARNOLD BRAMNICK	
123 NW 13 TH ST SUITE 221				Address (P.O. Box Number is Not Acceptable)	
	A RATON FL 33432	300 N. FEDERAL HIN	' }		
500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83		
			84 City	MA Review FL	85 Zip Code /3 \
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or re	adistated agent or both in the State of	Florida, Such change was auth	orized by the corbo	oration's board of directors. I hereby accept the appoin	tment as registered
agent. I a	m familiar with, and accept the obligation	` // ^		10 4/20/	99
SIGNATURE	Signature, typed or printed name of registarial appart a	ind title if applicable. (NOTE, Re-	gistered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P	☐ DELETE	1.1 TITLE	D	Change
NAME	GARDYN, PAUL W		1.2 NAME		
STREET ADDRESS	123 NW 13TH ST SUITE 221		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY- ST-ZIP		
TITLE		☐ DELÉTÉ	2.1 TITLE	P	Change Addition
NAME			2.2 NAME	MICHAEL FALKEN 2300 N. FEDERAL HWY	
STREET ADDRESS			2.3 STREET ADDRESS	2300 10 15 23 13	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	BOCA RATION FL 33431	Channe Addition
TITLE		☐ DELETE	3.1 TITLE	AROLD BRAMNICK	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	2300 N. FEDERAL HWY	
CITY-ST-ZIP		O priett	3.4. CITY-ST-ZIP	BOCA RATION FL 33431	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Change C Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ DECE IE	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADORESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		;
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		ت محدد	6.2 NAME		
NAME			6.3 STREET ADDRESS		}
STREET ADDRESS			64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

DISTRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-338-8050

Daytime Phone #